

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000004584

FILED
Jan 16, 2008
Secretary of State

Entity Name: TRUE-BLUE POOL SERVICES OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

2200 CORPORATION BLVD.
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

2200 CORPORATION BLVD.
NAPLES, FL 34109

New Mailing Address:

FEI Number: 20-4551674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MATSON, MICHAEL J
2200 CORPORATION BLVD
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

MATSON, MICHAEL J PS
2200 CORPORATION BLVD
NAPLES, FL 34109 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL J.MATSON

01/16/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: MATSON, MICHAEL J.
Address: 2200 CORPORATION BLVD.
City-St-Zip: NAPLES, FL 34109

Title: VPT () Delete
Name: WILSON, TRAVIS
Address: 2200 CORPORATION BLVD.
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J.MATSON

PS

01/16/2008

Electronic Signature of Signing Officer or Director

Date